



CID : 2405521162  
Name : MR.DENZIL FERNANDES  
Age / Gender : 42 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

**CBC (Complete Blood Count), Blood**

| PARAMETER   | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|---|---------|----------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |         |                      |                    |
| Haemoglobin   | 15.8    | 13.0-17.0 g/dL       | Spectrophotometric |
| RBC   | 5.64    | 4.5-5.5 mil/cmm      | Elect. Impedance   |
| PCV   | 46.4    | 40-50 %              | Measured           |
| MCV   | 82      | 80-100 fl            | Calculated         |
| MCH   | 28.1    | 27-32 pg             | Calculated         |
| MCHC  | 34.2    | 31.5-34.5 g/dL       | Calculated         |
| RDW   | 14.3    | 11.6-14.0 %          | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |         |                      |                    |
| WBC Total Count   | 6470    | 4000-10000 /cmm      | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |         |                      |                    |
| Lymphocytes   | 37.9    | 20-40 %              |                    |
| Absolute Lymphocytes  | 2452.1  | 1000-3000 /cmm       | Calculated         |
| Monocytes   | 8.6     | 2-10 %               |                    |
| Absolute Monocytes  | 556.4   | 200-1000 /cmm        | Calculated         |
| Neutrophils   | 48.6    | 40-80 %              |                    |
| Absolute Neutrophils  | 3144.4  | 2000-7000 /cmm       | Calculated         |
| Eosinophils   | 4.0     | 1-6 %                |                    |
| Absolute Eosinophils  | 258.8   | 20-500 /cmm          | Calculated         |
| Basophils   | 0.9     | 0.1-2 %              |                    |
| Absolute Basophils  | 58.2    | 20-100 /cmm          | Calculated         |
| Immature Leukocytes   | -       |                      |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |         |                      |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |         |                      |                    |
| Platelet Count  | 328000  | 150000-400000 /cmm   | Elect. Impedance   |
| MPV   | 7.2     | 6-11 fl              | Calculated         |
| PDW   | 11.1    | 11-18 %              | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>  |         |                      |                    |
| Hypochromia   | -       |                      |                    |
| Microcytosis  | -       |                      |                    |



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|                      |                          |
|----------------------|--------------------------|
| Macrocytosis         | -                        |
| Anisocytosis         | -                        |
| Poikilocytosis       | -                        |
| Polychromasia        | -                        |
| Target Cells         | -                        |
| Basophilic Stippling | -                        |
| Normoblasts          | -                        |
| Others               | Normocytic, Normochromic |
| WBC MORPHOLOGY       | -                        |
| PLATELET MORPHOLOGY  | -                        |
| COMMENT              | -                        |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      6                      2-15 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE  | METHOD     |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 93.3    | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 94.0    | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting)                    | Absent  | Absent  |            |
| Urine Ketones (Fasting)                  | Absent  | Absent  |            |
| Urine Sugar (PP)                         | Absent  | Absent  |            |
| Urine Ketones (PP)                       | Absent  | Absent  |            |

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*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

| PARAMETER         | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|-------------------|---------|--|------------|
| BLOOD UREA, Serum | 18.0    | 12.8-42.8 mg/dl  | Kinetic    |
| BUN, Serum        | 8.4     | 6-20 mg/dl   | Calculated |
| CREATININE, Serum | 0.93    | 0.67-1.17 mg/dl  | Enzymatic  |
| eGFR, Serum       | 105     | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure:<15 | Calculated |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

|                       |     |                |              |
|-----------------------|-----|----------------|--------------|
| TOTAL PROTEINS, Serum | 7.7 | 6.4-8.3 g/dL   | Biuret       |
| ALBUMIN, Serum        | 4.5 | 3.5-5.2 g/dL   | BCG          |
| GLOBULIN, Serum       | 3.2 | 2.3-3.5 g/dL   | Calculated   |
| A/G RATIO, Serum      | 1.4 | 1 - 2          | Calculated   |
| URIC ACID, Serum      | 5.7 | 3.5-7.2 mg/dl  | Enzymatic    |
| PHOSPHORUS, Serum     | 2.8 | 2.7-4.5 mg/dl  | Molybdate UV |
| CALCIUM, Serum        | 9.7 | 8.6-10.0 mg/dl | N-BAPTA      |
| SODIUM, Serum         | 139 | 135-148 mmol/l | ISE          |
| POTASSIUM, Serum      | 5.2 | 3.5-5.3 mmol/l | ISE          |
| CHLORIDE, Serum       | 100 | 98-107 mmol/l  | ISE          |

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\*\*\* End Of Report \*\*\*



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 6.0     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 125.5   | mg/dl  | Calculated |

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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\*\*\* End Of Report \*\*\*



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**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|------------------|----------------|-----------------------------|---------------|
| TOTAL PSA, Serum | 0.49           | <4.0 ng/ml                  | CLIA          |

Kindly note change in platform w.e.f. 24-01-2024



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**Clinical Significance:**

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100 ), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

**Interpretation:**

**Increased In-** Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

**Decreased In-** Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

**Reflex Tests:** % FREE PSA , USG Prostate

**Limitations:**

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

**Note :** The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**Reference:**

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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\*\*\* End Of Report \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

| PARAMETER                      | RESULTS     | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|-------------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |             |                      |                    |
| Color                          | Pale yellow | Pale Yellow          | -                  |
| Reaction (pH)                  | 5.0         | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.005       | 1.001-1.030          | Chemical Indicator |
| Transparency                   | Clear       | Clear                | -                  |
| Volume (ml)                    | 30          | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |             |                      |                    |
| Proteins                       | Absent      | Absent               | pH Indicator       |
| Glucose                        | Absent      | Absent               | GOD-POD            |
| Ketones                        | Absent      | Absent               | Legals Test        |
| Blood                          | Absent      | Absent               | Peroxidase         |
| Bilirubin                      | Absent      | Absent               | Diazonium Salt     |
| Urobilinogen                   | Normal      | Normal               | Diazonium Salt     |
| Nitrite                        | Absent      | Absent               | Griess Test        |
| <b>MICROSCOPIC EXAMINATION</b> |             |                      |                    |
| Leukocytes(Pus cells)/hpf      | 3-4         | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Absent      | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 1-2         |                      |                    |
| Casts                          | Absent      | Absent               |                    |
| Crystals                       | Absent      | Absent               |                    |
| Amorphous debris               | Absent      | Absent               |                    |
| Bacteria / hpf                 | 5-6         | Less than 20/hpf     |                    |
| Others                         | -           |                      |                    |

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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**Dr.KETAKI MHASKAR**  
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**Pathologist**





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP        | A              |
| Rh TYPING        | Positive       |

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 210.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 273.0   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 32.4    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 177.6   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 135.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 42.6    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 6.5     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 4.2     | 0-3.5 Ratio   | Calculated                               |

Note : LDL test is performed by direct measurement.

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Pathologist & AVP( Medical Services)



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

| <u>PARAMETER</u>    | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|-----------------------------|---------------|
| Free T3, Serum      | 5.3            | 3.5-6.5 pmol/L              | ECLIA         |
| Free T4, Serum      | 18.6           | 11.5-22.7 pmol/L            | ECLIA         |
| sensitiveTSH, Serum | 1.47           | 0.35-5.5 microIU/ml         | ECLIA         |



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

| TSH  | FT4 / T4 | FT3 / T3 | Interpretation  |
|------|----------|----------|---|
| High | Normal   | Normal   | Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.   |
| High | Low      | Low      | Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. |
| Low  | High     | High     | Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)   |
| Low  | Normal   | Normal   | Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.   |
| Low  | Low      | Low      | Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.   |
| High | High     | High     | Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.   |

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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\*\*\* End Of Report \*\*\*



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

| <u>PARAMETER</u>            | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>    |
|-----------------------------|----------------|-----------------------------|------------------|
| BILIRUBIN (TOTAL), Serum    | 0.4            | 0.1-1.2 mg/dl               | Colorimetric     |
| BILIRUBIN (DIRECT), Serum   | 0.2            | 0-0.3 mg/dl                 | Diazo            |
| BILIRUBIN (INDIRECT), Serum | 0.20           | 0.1-1.0 mg/dl               | Calculated       |
| TOTAL PROTEINS, Serum       | 7.7            | 6.4-8.3 g/dL                | Biuret           |
| ALBUMIN, Serum              | 4.5            | 3.5-5.2 g/dL                | BCG              |
| GLOBULIN, Serum             | 3.2            | 2.3-3.5 g/dL                | Calculated       |
| A/G RATIO, Serum            | 1.4            | 1 - 2                       | Calculated       |
| SGOT (AST), Serum           | 34.1           | 5-40 U/L                    | NADH (w/o P-5-P) |
| SGPT (ALT), Serum           | 41.9           | 5-45 U/L                    | NADH (w/o P-5-P) |
| GAMMA GT, Serum             | 23.9           | 3-60 U/L                    | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum | 57.2           | 40-130 U/L                  | Colorimetric     |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

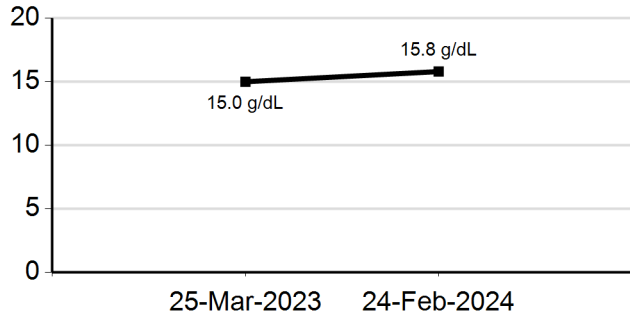
**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



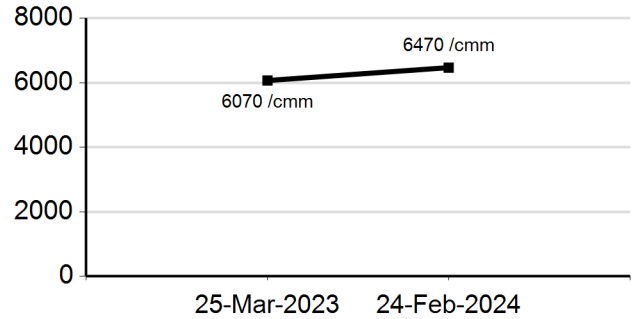
Use a QR Code Scanner Application To Scan the Code

**CID** : 2405521162  
**Name** : MR.DENZIL FERNANDES  
**Age / Gender** : 42 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Borivali West (Main Centre)

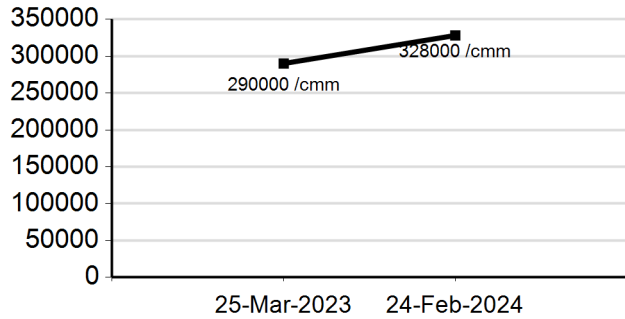
**Haemoglobin**



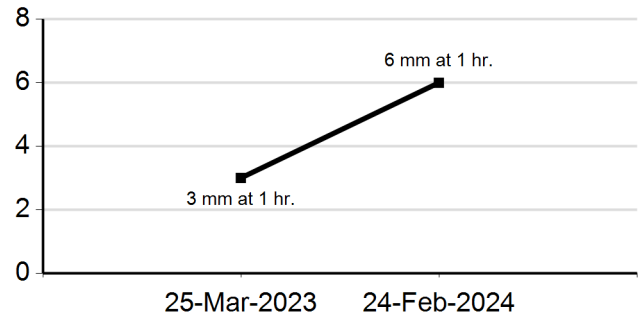
**WBC Total Count**



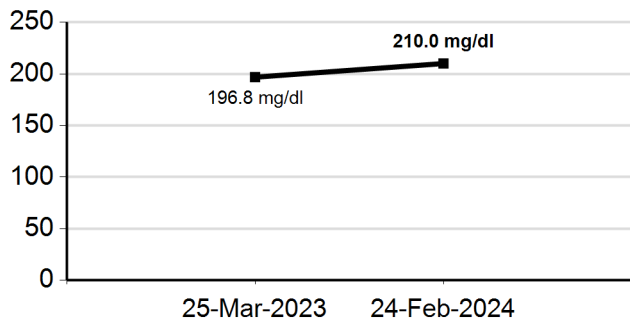
**Platelet Count**



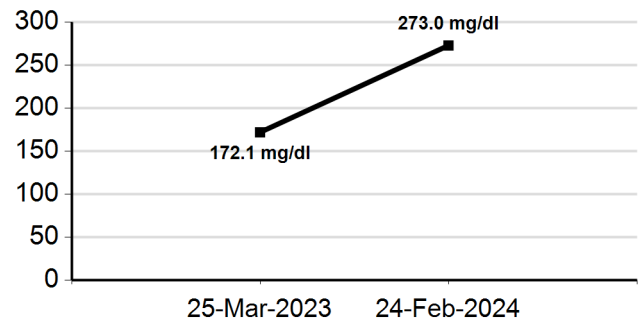
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

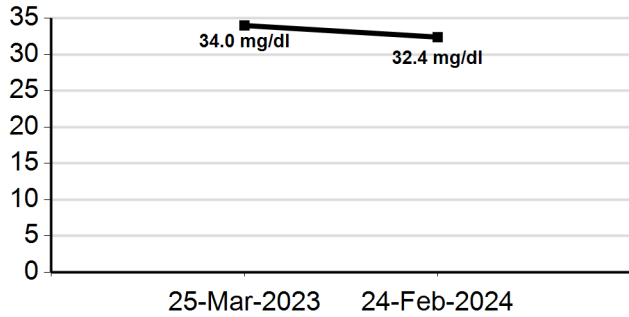




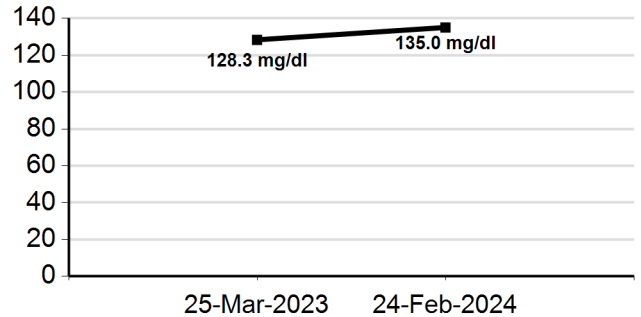
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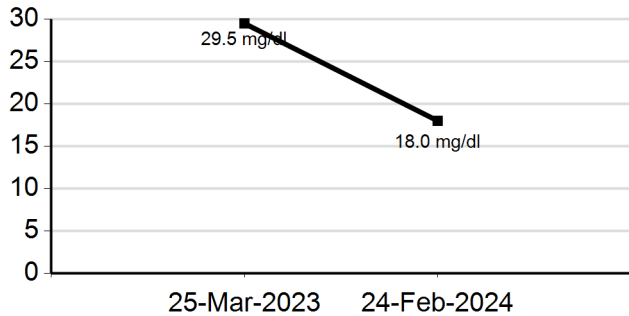
**HDL CHOLESTEROL**



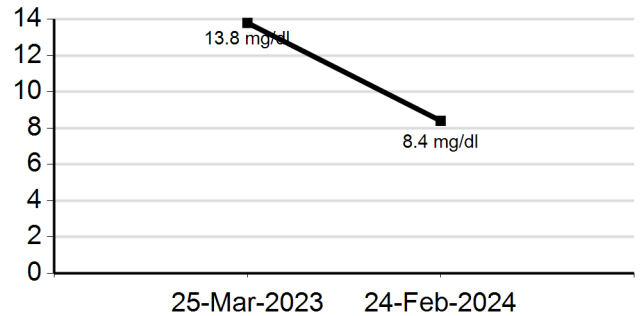
**LDL CHOLESTEROL**



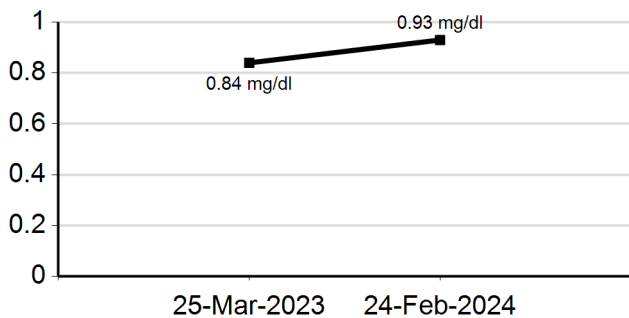
**BLOOD UREA**



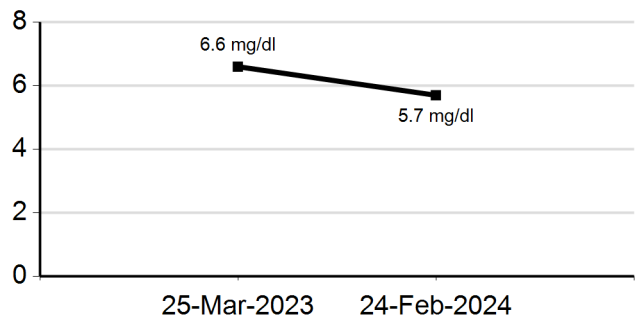
**BUN**



**CREATININE**



**URIC ACID**

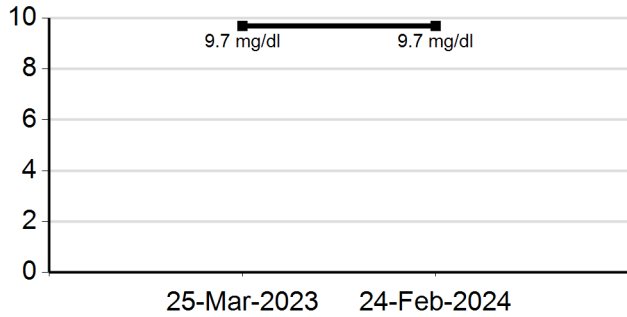




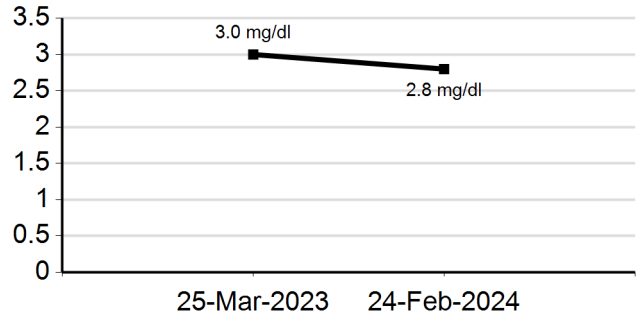
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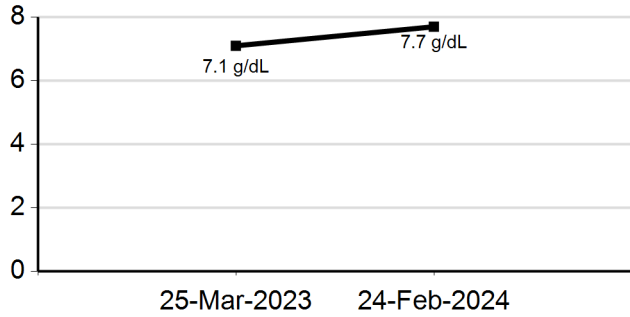
**CALCIUM**



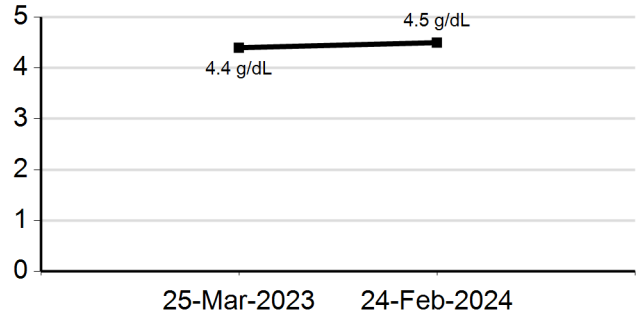
**PHOSPHORUS**



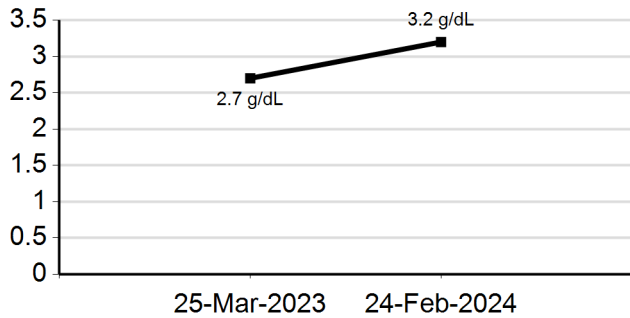
**TOTAL PROTEINS**



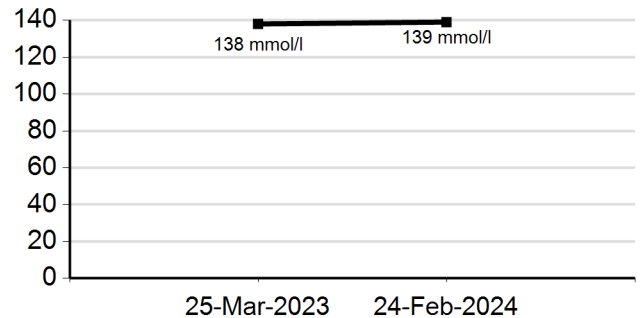
**ALBUMIN**



**GLOBULIN**



**SODIUM**



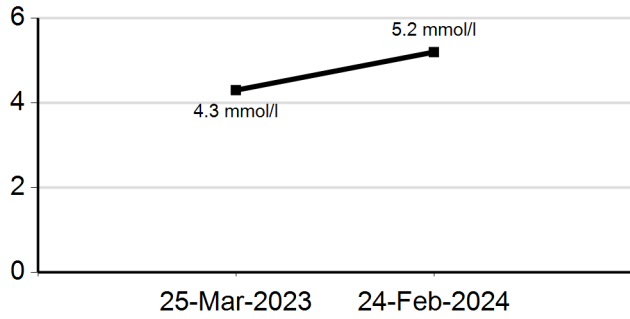




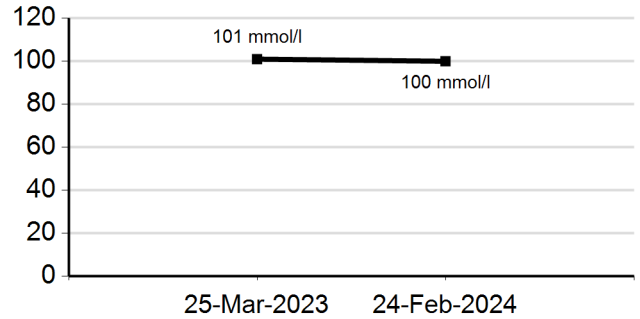
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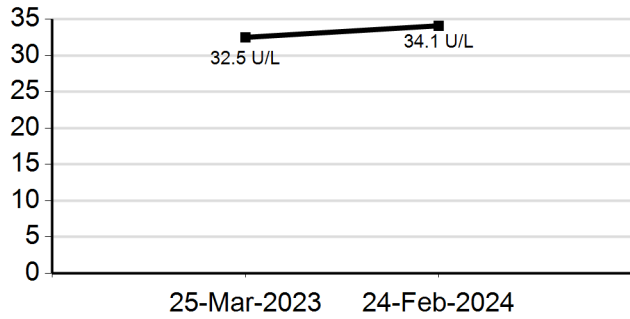
**POTASSIUM**



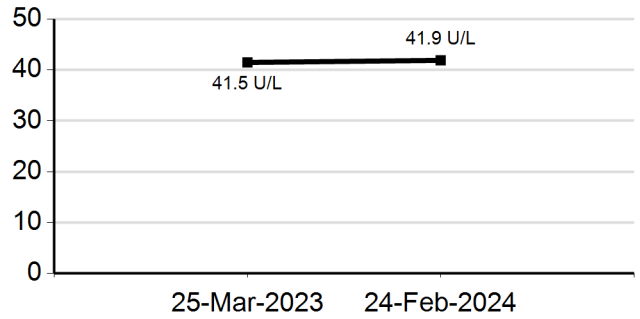
**CHLORIDE**



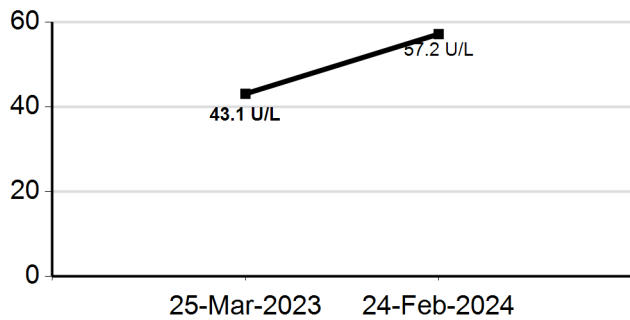
**SGOT (AST)**



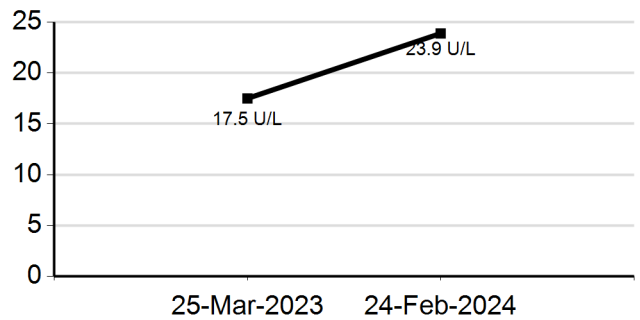
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

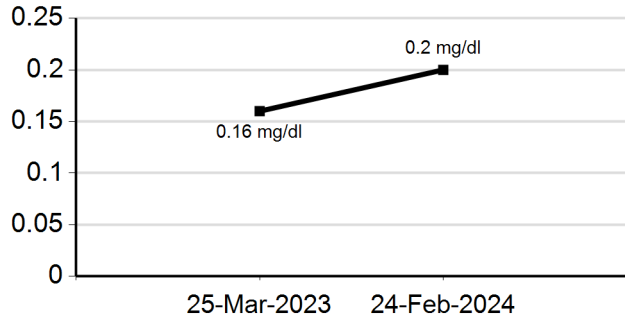




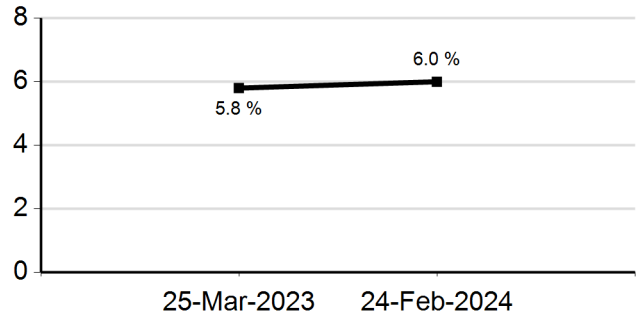
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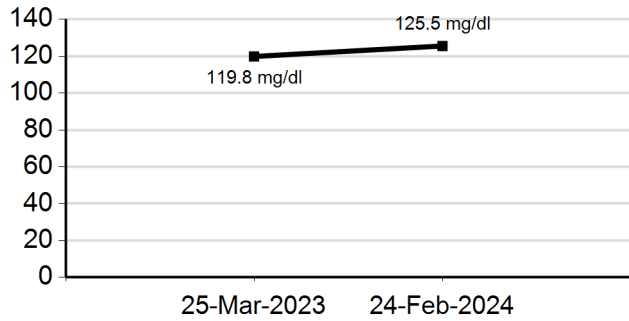
**BILIRUBIN (DIRECT)**



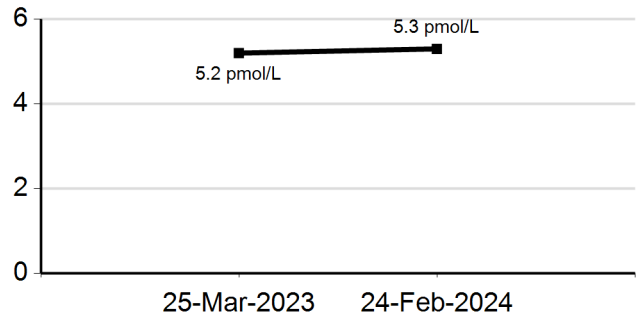
**Glycosylated Hemoglobin (HbA1c)**



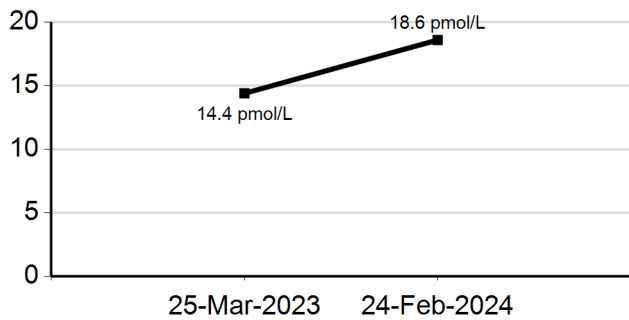
**Estimated Average Glucose (eAG)**



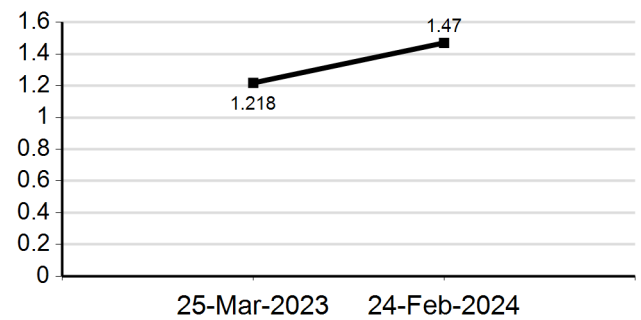
**Free T3**



**Free T4**



**sensitiveTSH**



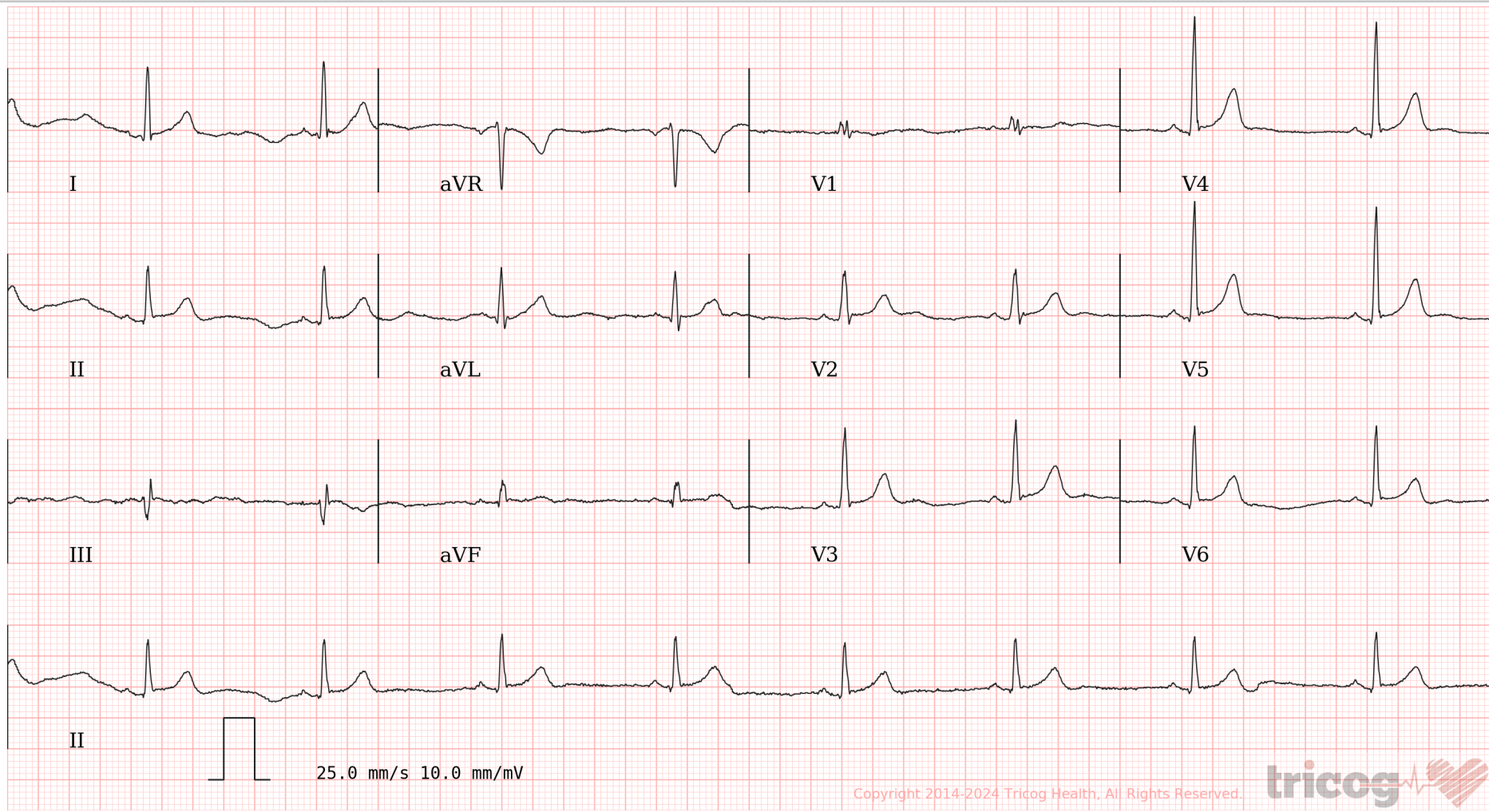
# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: DENZIL FERNANDES

Date and Time: 24th Feb 24 8:49 AM

Patient ID: 2405521162



Age **42** NA NA  
years months days

Gender **Male**

Heart Rate **53bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 78ms  
QT: 392ms  
QTcB: 367ms  
PR: 132ms  
P-R-T: 38° 24° 16°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:-

CID: 2405521162

Name:- Denzil Fernandes

Sex / Age: 42 m.

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

RE LE

Unaided Vision:

R19 R19

Aided Vision:

M/10 M/10

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (India) Pvt. Ltd.  
 3018 398, 3rd Floor, Elegance,  
 Above Tanisq, L.T. Road,  
 Borivali (West), Mumbai - 400 052.

|  |                         |
|--|-------------------------|
| <b>CID NO: 2405521162</b>                  |                         |
| <b>PATIENT'S NAME: MR.DENZIL FERNANDES</b> | <b>AGE/SEX: 42 Y/M</b>  |
| <b>REF BY: -----</b>                       | <b>DATE: 24/02/2024</b> |

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.



HEALTHIER LIVING

PATIENT'S NAME: MR.DENZIL FERNANDES

AGE/SEX: 42 Y/M

REF BY: -----

DATE: 24/02/2024

|                        |          |
|------------------------|----------|
| 1. AO root diameter    | 3.1 cm   |
| 2. IVSd                | 1.2 cm   |
| 3. LVIDd               | 4.2 cm   |
| 4. LVIDs               | 2.0 cm   |
| 5. LVPWd               | 1.2 cm   |
| 6. LA dimension        | 3.4 cm   |
| 7. RA dimension        | 3.4 cm   |
| 8. RV dimension        | 3.0 cm   |
| 9. Pulmonary flow vel: | 0.9 m/s  |
| 10. Pulmonary Gradient | 3.4 m/s  |
| 11. Tricuspid flow vel | 1.2 m/s  |
| 12. Tricuspid Gradient | 6 m/s    |
| 13. PASP by TR Jet     | 16 mm Hg |
| 14. TAPSE              | 3.1 cm   |
| 15. Aortic flow vel    | 1.2 m/s  |
| 16. Aortic Gradient    | 6 m/s    |
| 17. MV:E               | 0.7 m/s  |
| 18. A vel              | 0.6 m/s  |
| 19. IVC                | 16 mm    |


**Impression:**

**Normal 2d echo study.**

**Disclaimer**

Echo may have inter/intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
**Consultant Cardiologist**  
**Reg. No. 87714**

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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CID# : 2405521162  
Name : MR. DENZIL FERNANDES

Age / Gender : 42 Years/Male

Consulting Dr. :

Collected : 24-Feb-2024 / 08:09

Reg. Location : Borivali West (Main Centre)

Reported : 24-Feb-2024 / 17:11

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Nil

### EXAMINATION FINDINGS:

Height (cms): 172  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 100/70  
Pulse: 72/min

Weight (kg): 103  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

### Systems

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

### IMPRESSION:

*Lipid profile ↑  
obesity x*

*physician Ref.*

### ADVICE:

MR. DENZIL FERNANDES

Age / Gender : 42 Years/Male

Consulting Dr. :

Collected : 24-Feb-2024 / 08:09

Reg. Location : Borivali West (Main Centre)

Reported : 24-Feb-2024 / 17:11

**CHIEF COMPLAINTS:**

- |  |  |
|--|--|
| 1) Hypertension:                         | No   |
| 2) IHD                                   | No   |
| 3) Arrhythmia                            | No   |
| 4) Diabetes Mellitus                     | No   |
| 5) Tuberculosis                          | No   |
| 6) Asthama                               | No   |
| 7) Pulmonary Disease                     | No   |
| 8) Thyroid/ Endocrine disorders          | No   |
| 9) Nervous disorders                     | No   |
| 10) GI system                            | No   |
| 11) Genital urinary disorder             | No   |
| 12) Rheumatic joint diseases or symptoms | No   |
| 13) Blood disease or disorder            | No   |
| 14) Cancer/lump growth/cyst              | No   |
| 15) Congenital disease                   | No   |
| 16) Surgeries                            | Gall bladder removal surgerie done in 2017 |
| 17) Musculoskeletal System               | No   |

**PERSONAL HISTORY:**

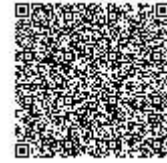
- |               |     |
|---------------|-----|
| 1) Alcohol    | No  |
| 2) Smoking    | No  |
| 3) Diet       | Mix |
| 4) Medication | No  |

\*\*\* End Of Report \*\*\*

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 67714  
Suburban Diagnostics Pvt. Ltd.  
3018 302, 3rd Floor, 1st ELEGANCE  
Above Tanisq Jewellery, L.T. Road  
Borivali (West), Mumbai - 400 092.

**Dr. NITIN SONAVANE**  
PHYSICIAN





**CID** : 2405521162  
**Name** : Mr Denzil Fernandes  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/09:48

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 13.9 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is not seen post operative status.

**PORTAL VEIN:** Portal vein is 12 mm normal. **CBD:** CBD is 3 mm normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

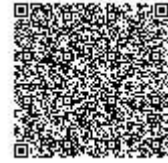
**KIDNEYS:** Right kidney measures 10.6 x 4.3 cm. Left kidney measures 10.2 x 5.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 2.6 x 2.5 x2.8 cm and prostatic weight is 10 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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**Reported** : 24-Feb-2024/09:48

**Opinion:**

**Grade I fatty infiltration of liver.**

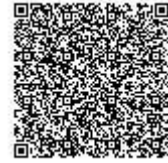
*For clinical correlation and follow up.*

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

-----End of Report-----

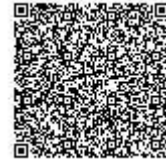
**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.



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**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/09:48



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**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/13:01

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

-----End of Report-----

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



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